



PCA417

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPLICANT : CORNICELLI ET AL. EXAMINER : CRIARES, T.
SERIAL NO : 10/071,034 ART UNIT : 1617
FILED : FEBRUARY 8, 2002 PAPER NO : 11
FOR : METHODS OF TREATING NUCLEAR FACTOR-KAPPA B
MEDIATED DISEASES AND DISORDERS

**RESPONSE TO A SECOND
RESTRICTION REQUIREMENT UNDER 35 U.S.C. § 121**

Commissioner for Patents
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Dear Sir:

This letter is responsive to an Office Action dated November 14, 2003,
Confirmation no. 3098 ("Office Action"), a restriction requirement under 35 U.S.C. §
121. Please enter the following elections and remarks in the present application.

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1617

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 PTO/SB/21 (6-98)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/071,034
	Filing Date	February 8, 2002
	First Named Inventor	Cornicelli
	Group Art Unit	1617
	Examiner Name	Criares, T.
Total Number of Pages in This Submission 4		Attorney Docket Number PCA417

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Claude F. Purchase, Jr.
Signature	<i>Claude F. Purchase, Jr.</i>
Date	11/25/03

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 11/25/03			
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